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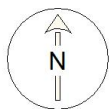
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 019	Agency Case No. B5-084478	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015			TIME OF ACCIDENT	STATE USE ONLY  09/12/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1035	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. COURT			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	
D	1	IF AT INTERSECTION			IF NOT AT INTERSECTION	
		NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W
		100.00			X	NORTH 9TH STREET
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	9	VEHICLE NO. 1				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	PARKED UNATTENDED		PHONE	LOCAL NO.	
V2/N	1	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
G	2	OWNER		PHONE	LOCAL NO.	
		LAKISHA R OVERSTREET		4025708761		
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
		915 COURT STREET, LINCOLN, NE 68066				
H	5	LICENSE PLATE PA NO.	TSR547	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	2	VEHICLE	2003	MAKE Chevrolet	MODEL IMPALA	BODY STYLE 4 door Sedan
		YEAR	2003	MAKE Chevrolet	MODEL IMPALA	BODY STYLE 4 door Sedan
V2/O	5	VEHICLE ID NO. (VIN)	2G1WF52KX39142959		INSURANCE COMPANY	STATE FARM
		TOWED TO	TOWED BY		POLICY NO.	1086920B1827
I	7	VEHICLE NO. 2				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8	DRIVER		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	12	OWNER		PHONE	LOCAL NO.	
		UNKNOWN HIT AND RUN				
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE NO.	UNKNOWN		YEAR (Plate Expires)	STATE (Of Plate)
V2/Q	5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
		VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	POLICY NO.
K	01					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



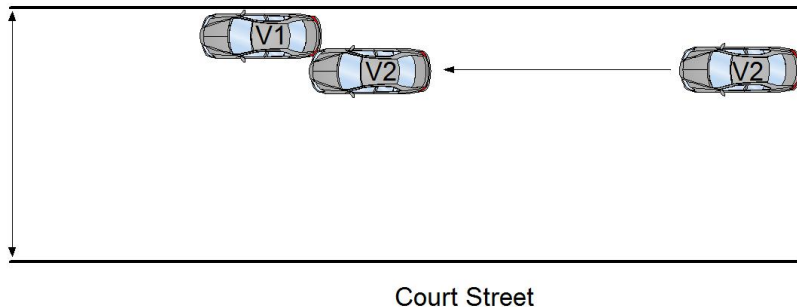
To North 10th Street →

To North 9th Street

POI (ESTIMATED) 6' SOUTH  
OF NORTH CURB OF COURT  
STREET AND 100' EAST OF  
WEST CURB OF NORTH 9TH  
STREET

NO SKIDS OR DEBRIS  
OBSERVED AT THE SCENE

*Not To Scale*



Belated report, not made at scene. Owner of Vehicle #1 said her vehicle was parked along the North curb of Court Street, facing West. She said that sometime between 0001-1000 hours, an unknown vehicle #2 struck the rear of her vehicle, then fled the scene. The vehicle was moved from the scene prior to calling law enforcement. No paint transfer observed on the vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	0	VEH 2	0				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1				X	COURT STREET																					
2				X	COURT STREET																					
1	10				06 Turning left				VEHICLE 1				VEHICLE 2													
2	01				07 Making U-turn				POINT OF IMPACT	06		POINT OF IMPACT	02													
					08 Entering traffic lane				MOST DAMAGED AREA	06		MOST DAMAGED AREA	02													
01 Essentially straight ahead					09 Leaving traffic lane				00 None				02				03				04					
02 Backing					10 Parked				09 Top & windows				01				05									
03 Changing lanes					11 Slowing or stopped in traffic				10 Undercarriage				08				07				06					
04 Overtaking/ Passing					12 Other				11 Total (all areas)																	
05 Turning right					13 Unknown				12 Other																	
OFFICER NO.					TROOP/ TEAM/ BEAT				DEPARTMENT																	
956					NW				Lincoln Police Department																	
INVESTIGATOR NAME <i>(Print or Type)</i>								INVESTIGATOR SIGNATURE																		
Chris Ehrhorn								Approved by Chris Ehrhorn																		
DATE OF REPORT								09/12/2015																		